



# Advertising Insertion Order

Missouri Agent is a publication of the Missouri Association of Insurance Agents.

1. I hereby authorize you to reserve the following advertising space in MAIA's bimonthly magazine, Missouri Agent, in accordance with the rates, requirements, contract and copy regulations listed on the current rate card:

- Full Page (7 1/2 x 10")
  - 1/4 page (4 3/8 x 3 3/4")
  - CLASSIFIED AD
  - 1/2 page horizontal (7 1/2 x 4 3/4")
  - 1/2 page vertical (4 3/8 x 6 1/2")
- (measurements: width x height)

2. Please schedule my ad(s) in the following issue(s) (please check appropriate month(s) and write in year):

Month	Year	Month	Year	Month	Year
<input type="checkbox"/> Jan/Feb	_____	<input type="checkbox"/> May/June	_____	<input type="checkbox"/> Sept/Oct	_____
<input type="checkbox"/> March/April	_____	<input type="checkbox"/> July/Aug	_____	<input type="checkbox"/> Nov/Dec	_____

3. I have reviewed the rates on the current rate card and understand that I will be billed at the following rates:

- a. Choose one:  Non-member       Member       Partner
- b. Choose one:  1 time       3 times       6 times
- c. Choose one:  Color       Black and White
- d. If applicable:  Special Positioning: Inside cover, right side, front half, etc. (I have received a quote from MAIA.)

4. I would like to be billed in the following way:

- After each issue
- All ads now
- All ads after the first issue

5. Advertising copy:

- New ad enclosed
- Ad will be forwarded to MAIA by the closing date for the issue. (Contact's name and email, if different than person authorizing ad \_\_\_\_\_)
- Repeat ad from \_\_\_\_\_ Missouri Agent  
(month & year)

6. Future ads:  Same ad will run for all insertions     New ad will be sent for each insertion

7. Invoices for advertising should be sent to:  Advertiser     Ad agency listed below

8. Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Signature Person Authorizing Ad \_\_\_\_\_ Title \_\_\_\_\_  
 Email \_\_\_\_\_

9. To be completed if ad is submitted by an advertising agency:

Ad Agency Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Signature Agency Representative \_\_\_\_\_ Title \_\_\_\_\_  
 Email \_\_\_\_\_

Submit insertion order to advertising@moagent.org or by fax at 573-893-3708. Ad copy should be submitted electronically, preferably by email. A mailed disc or jump drive is also acceptable. Insertion order will be acknowledged by email.

